



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>10/20/08</u> to <u>11/24/08</u>	
1. Committee I.D. Number 14074	4. Candidate Last Name HICKNER First Name THOMAS M.I. L 4a. Office Sought Including District # or Community Served (If applicable) COUNTY EXECUTIVE 4b. County of Residence BAY
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE	6. Treasurer's Name & Residential Address KEN GRZEGORCZYK 2889 QUEEN ANNES CT BAY CITY MI 48708 Area Code & Phone <u>(989) 684-4985</u>
5. Committee's Mailing Address TOM HICKNER PO BOX 403 BAY CITY MI 48707-0403 Area Code and Phone <u>(989) 667-4125</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) MARIE A HAYES 114 N SHERIDAN ST BAY CITY MI 48708 Area Code and Phone <u>(989) 892-3986</u>
7. Treasurer's Business Address J & K INCOME TAX SERVICE 1604 22ND ST BAY CITY MI 48708 Area Code and Phone <u>(989) 892-2563</u>	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11/04/08</u> 9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper <u>MARIE A. HAYES</u> <u>Marie A. Hayes</u> Date <u>11-25-08</u> Type or Print Name Signature Candidate <u>THOMAS L. HICKNER</u> <u>TH</u> Date <u>11-25-08</u> Type or Print Name Signature	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 14074

CANDIDATE COMMITTEE

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: TOM HICKNER 4821 E WESTGATE BAY CITY MI 48706 If over \$100.00 cumulative, please provide: Occupation: BAY COUNTY EXECUTIVE Employer Name & Business Address: BAY COUNTY 515 CENTER AVE BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ANNUAL MEETING</u> 5. Date Of Receipt: <u>10/20/08</u> 6. Vendor Name & Address: BAY MEDICAL FOUNDATION 1900 COLUMBUS AVE BAY CITY MI 48708 Click Here for Memo Itemization	\$ <u>35.00</u>	\$
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: SAME If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER</u> 5. Date Of Receipt: <u>10/29/08</u> 6. Vendor Name & Address: BILLY MARTIN FOR COMMISSIONER 5154 BAXMAN RD BAY CITY MI 48706 Click Here for Memo Itemization	\$ <u>25.00</u>	\$
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: SAME If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>POSTAGE</u> 5. Date Of Receipt: <u>08/01/08</u> 6. Vendor Name & Address: POSTMASTER WASHINGTON AVE BAY CITY MI 48707 Click Here for Memo Itemization	\$ <u>8.40</u>	\$ <u>16.80</u>

Page Subtotal **\$68.40**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 14074

CANDIDATE COMMITTEE

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: SAME If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>POSTAGE</u> 5. Date Of Receipt: <u>10/03/08</u> 6. Vendor Name & Address: POSTMASTER STATION A BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser Contribution	\$ <u>8.40</u>	\$ <u>25.20</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: SAME If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>REFRESHMENTS - OBAMA STAFF</u> 5. Date Of Receipt: <u>10/27/08</u> 6. Vendor Name & Address: OLD CITY HALL 814 SAGINAW ST BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser Contribution	\$ <u>87.22</u>	\$ <u>131.65</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: SAME If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER</u> 5. Date Of Receipt: <u>10/03/08</u> 6. Vendor Name & Address: JUDGE HATHAWAY FOR SUP CRT 18525 MOROSS DETROIT MI 48224 <input type="checkbox"/> Fund Raiser Contribution	\$ <u>100.00</u>	

Page Subtotal **\$195.62**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 14074

CANDIDATE COMMITTEE

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: SAME If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>DINNER FOR CAMPAIGN VOLUNTEERS</u> 5. Date Of Receipt: <u>11/07/08</u> 6. Vendor Name & Address: RIVERFRONT GRILLE 1 WENONAH PARK PLACE BAY CITY MI 48708 Click Here for Memo Itemization	\$ <u>290.28</u>	\$ <u>343.77</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: SAME If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ELECTION DINNER FOR SUPPORTERS</u> 5. Date Of Receipt: <u>11/04/07</u> 6. Vendor Name & Address: TOMMY V'S 312 E MIDLAND ST BAY CITY MI 48706 Click Here for Memo Itemization	\$ <u>239.59</u>	\$
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: SAME If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER</u> 5. Date Of Receipt: <u>10/28/08</u> 6. Vendor Name & Address: BAY COUNTY DEMOCRATIC PARTY PO BOX 566 PINCONNING MI 48650 Click Here for Memo Itemization	\$ <u>100.00</u>	\$ <u>120.00</u>
Page Subtotal		\$ 629.87	
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)			

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 14074

CANDIDATE COMMITTEE

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 Name & Address: SAME If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>PIZZA FOR ELECTION WORKERS</u> 5. Date Of Receipt: <u>10/28/08</u> 6. Vendor Name & Address: STEIN HAUS 1020 N WATER ST BAY CITY MI 48708 Click Here for Memo Itemization	\$ <u>40.38</u>	\$ <u>319.97</u>
Contribution # 2 Name & Address: SAME If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER</u> 5. Date Of Receipt: <u>10/16/08</u> 6. Vendor Name & Address: DALE KILDEE FOR CONGRESS PO BOX 317 FLINT MI 48501 Click Here for Memo Itemization	\$ <u>50.00</u>	\$
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____
Page Subtotal		\$90.38	
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		\$984.27	

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: TOM HICKNER 4821 E WESTGATE BAY CITY MI 48706	Purpose RE-IMBURSEMENT	11/12/08 Date	\$ 984.27
Memo Itemization Below			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: BAY MEDICAL FOUNDATION 1900 COLUMBUS AVE BAY CITY MI 48708	Purpose ANNUAL MEETING	10/20/08 Date	\$(35.00)
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: BILLY MARTIN FOR COMMISSIONER 5154 BAXMAN RD BAY CITY MI 48706	Purpose FUNDRAISER	10/29/08 Date	\$(25.00)
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: POSTMASTER WASHINGTON AVE BAY CITY MI 48707	Purpose POSTAGE	08/01/08 Date	\$(8.40)
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser		
Subtotal this page			\$984.27
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: POSTMASTER STATION A BAY CITY MI 48707	Purpose POSTAGE	10/03/08 Date (Memo Itemization)	\$(8.40)
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: OLD CITY HALL 814 SAGINAW ST BAY CITY MI 48708	Purpose REFRESHMENTS-OBAMA STAFF	10/27/08 Date (Memo Itemization)	\$(87.22)
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: JUDGE HATHAWAY FOR SUPREME COURT 18525 MOROSS DETROIT MI 48224	Purpose FUNDRAISER	10/03/08 Date (Memo Itemization)	\$(100.00)
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: RIVERFRONT GRILLE 1 WENONAH PARK PLACE BAY CITY MI 48708	Purpose DINNER FOR CAMPAIGN VOLUNTEERS	11/07/08 Date (Memo Itemization)	\$(290.28)
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> <input type="checkbox"/> Fund Raiser		
Subtotal this page			\$0.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: TOMMY V'S 312 E MIDLAND ST BAY CITY MI 48706	Purpose <u>ELECTION DINNER FOR SUPPORTERS</u>	<u>11/04/08</u> Date	<u>\$(239.59)</u>
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u>	<input type="checkbox"/> Fund Raiser	
Disbursement # 2 Name & Address: BAY CO DEMOCRATIC PARTY PO BOX 566 PINCONNING MI 48650	Purpose <u>FUNDRAISER</u>	<u>10/28/08</u> Date	<u>\$(100.00)</u>
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u>	<input type="checkbox"/> Fund Raiser	
Disbursement # 3 Name & Address: STEIN HAUS 1020 N WATER ST BAY CITY MI 48708	Purpose <u>PIZZA FOR ELECTION WORKERS</u>	<u>10/28/08</u> Date	<u>\$(40.38)</u>
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u>	<input type="checkbox"/> Fund Raiser	
Disbursement # 4 Name & Address: DALE KILDEE FOR CONGRESS PO BOX 317 FLINT MI 48501	Purpose <u>FUNDRAISER</u>	<u>10/16/08</u> Date	<u>\$(50.00)</u>
(Memo Itemization)			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>IO</u>	<input type="checkbox"/> Fund Raiser	
Subtotal this page			\$0.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number 14074
2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: JOHN GLENN DRAMA 3201 KIESEL RD BAY CITY MI 48706	Purpose AD IN PLAY BOOK	10/22/08 Date	\$25.00
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address:	Purpose		\$
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address:	Purpose		\$
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address:	Purpose		\$
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Subtotal this page			\$25.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)			\$1,009.27

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 14074

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name TOM HICKNER FOR COUNTY EXECUTIVE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$0.00</u>	(18.) \$ <u>\$22,080.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$25.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$0.00</u>	(20.) \$ <u>\$22,105.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$984.27</u>	(21.) \$ <u>\$6,270.08</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$0.00</u>	(23.) \$ <u>\$6,337.44</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$1,009.27</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$1,009.27</u>	(24.) \$ <u>\$12,330.84</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$4,286.43</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$0.00</u>	
	(15.) = \$	<u>\$4,286.43</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$1,009.27</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$3,277.16</u>	*